

PO1000110452

(Requestor's Name)

Miller and Associates, Inc.
Tax, Estate and Financial Planning Consultants
Park North
5125 Castelle Drive
Naples, Florida 34103

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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@ 6/18/03



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Beverly Czachor, P. A.
2. The principal office address: 9041 Windswept Drive
Bonita Springs, FL 34135
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11-14-2001 Document number: PO1000110452

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Beverly Czachor
3631 Key Lime Court
Bonita Springs, FL 34134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Beverly Czachor
9041 Windswept Drive
(P.O. Box or personal mailbox NOT acceptable)
Bonita Springs, FL 34135

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer, chairman or vice chairman of the board)

Beverly Czachor, President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

6/6/03
(Date)

If signing on behalf of an entity:

Beverly Czachor
(Typed or Printed Name)

President
(Capacity)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

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